1	item	sho	of C	
	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C	
	ORD	HYS	t st	
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MARGIN RESERVED FOR BINDING	RMA	XA	clas	
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	PL	onlo)F I	TION is very important. See instructions on back of certificate.
	TE	n sl	SE (S
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-	1	1	0	1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Sault	Registration Dist. No. / > /
to the state of th	No. St., Ward feeth occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2 FILL MANE A. ' B.	
(a) Residence: No. 12 Attinger 1996. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (0) WHEE OF Mary Brenneman	1 HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 974 1877.	I last saw h MM. alive on A A A A . 1995; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:200c.m.
カウ カー / l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Banner of brain Pate of onest
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Turner of brain was benign Focation:
10. Date deceased last worked at this occupation (month and wor. 1934 spant in this year)	ez
12. BIRTHPLACE (city or town) Bitting 1970. (State or country) Language 1970. Bitting 1970.	Dther Coatributory Casses of importance:
I // // // // // // // // // // // // //	
4 14. BIRTHPLACE (city or fown) (State or country)	Name of operation
15. MAIDEN NAME Catharine Bittinger	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) - Wandland, (State or country)	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Frank Bushaman. (Address) Buth Bushaman.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place Silling et Mapate Fruil 12, 1933.	Mannar of injury
19. UNDERTAKER OUT Alfrications (Address) your assisted on the	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Chiel 11, 1933; J. B. Brand, Registrar.	(Signed) A Last Corres M. D. (Address) A Last Corres
If more blanks are needed, addfess State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory eauses of importance: Gallstones May 1.1923 Gastroenteritis 1 year

state

1. PLACE OF

County ___

2. FULL NAM

5a. If married, widowed HUSBAND of (or) WIFE of

3. SEX

Village or City

Length of resider

(a) Residence

PERSONA

STATE OF MARYLAND— DEATH CARNELL (III CITY OF TOWN Where death occurred yrs	Registration Dist. No. 167. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
E voven yours	
: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OCOLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) or divorced	21. DATE OF DEATH April 18 (Year)
month, day, and year) Months Days If LESS than 1 day,hrs. ormin. DOKKEEPER, etc	22. I HEREBY CERTIFY. That I attended decessed from 1935 to Infinite on 1935 to Infinite on 1935 to to have occurred on the date stated above, at 12,4 s.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
siness in which one, as SILK MILL,	

6. DATE OF BIRTH (mc 7. AGE Years 8. Trade, profession PATION kind of wor SAWYER, BI Industry or bus work was do 2000 SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (yeers)
spent in this this occupation (month and occupation ___ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following 16. BIRTHPLACE (city or town) (State or country Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURTAL, CREMATION, DR REMOVAL Manner of injury Nature of Injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed) 20. FtLED (Address)

If more banks are needed, address State Registrar, LII N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

B.

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Example I

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GERT 9 AVM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

mation should be carefully supplied.

certificate.

stated EXACTEY. PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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11/1/2	9)	У.

1. PLACE OF DEATH			(95·a)		
County Garrett			Registration Dist. No. 166		
Village or City Hutton.	Maryland	d. (II	NoSt.,_St.,	Ward	
Length of residence in city or town when	e death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmc	sds.	
2. FULL NAME John A.	Carney				
(a) Residence: No. Huti	(Usual place		St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April, 24, 1935 (Month) (Day)	, 193 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Fal	nerty Ca	rney	22. I HEREBY CERTIFY. That I ettended a March, 19 33 to April, 12,	daceased from	
6. DATE OF BIRTH (month, day, and year)	ay, 10,	1885	last saw h im alive on April, 12, 1935	: death is said	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 12;30 M.		
78 11	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as tollows:	1	
Jrade, profession, or particular kind of work done, as SPINNER, Track Foreman SAWYER, BOOKKEEPER, etc. 9, Industry or business in which			Heart Block Stoke- Adams Syndrome	D-1934	
work wes done, as SILK MILL, I SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	sps	time (years) ent in this upation			
12. BIRTHPLACE (city or town) Hutton (State or country)	n. Md.		Other Coutributory Causes of importance: Arterial Sclerosis		
II 13. NAME Michael Can	rney				
T .	eland		Name of operation Dete of What test confirmed diagnosis? Was there an a		
# 15. MAIDEN NAMEBridget L	anham		23. If death was due to external causes (VIOLENCE) fill In also the following		
16. BIRTHPLACE (city or town) [12]	eland		Accident, suicide, or homicide?		
17. INFORMANT Loretta Crogen (Address) Hutton. Md.			(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Oakland, Nd.	Date 4- 2	27- ,19 35	Manner of Injury		
19. UNDERTAKER A.F. Colli (Address) Terra Alta			24. Was disease on enjury in any way related to occupation of deceased?		
20. FILED 4-23, 19 35 Ju	alia Rowa	an Registrar.	(Signed)7: Swarf County or Miles (Address) Salland	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

0.85	335

1. PLACE OF DEATH		(92-1	2)		
County Garrette			Registration	Dist. No.	01
Village or City Asker The	rde	No.		St.,	Ward
Length of residence in city or town where deeth occi		death occurred in a hospital or			
9	D. 1/2				103
	MAC				
(a) Residence: No. (U	sual place of abode)	St., Ward.	If nonresident	give city or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH	
OR OR	GLE, MARRIED, WIDOWED, DtVORCED (write the word)	21. DATE OF DEAT	TH 4	26	, 193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chipah J.	Tike	22. I HERE	BYCERTIF	Y. That I attended	deceased from
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months 7. AGE Years Months 8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 6. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Days If LESS than I dey, hrs. or min.	I last saw h_e alive of to have occurred on the date. The PRINCIPAL CAUSE OF ware as follows:	steted ebove, at		, 19 S; death is said
10. Dete deceesed lest worked at this occupetion (month end year) 1934 12. BIRTHPLACE (city or town) Marylans		Other Contributory Causes o	f importance:		
13. NAME William R Ban 14. BIRTHPLACE (city or town) Nat R (Stete or country)	www.	Name of operation			
15. MAIDEN NAME Office Trick 16. BIRTHPLACE (city or town) Not I Know (Steta or country) 17. INFORMANT Office Science (Address) Solbegaper M. 18. BURIAL, CREMATION, OR REMOVAL Placement of the country of the count	ke d R T. B.	23. If death was due to extern Accident, suicide, or homicid Where did injury occur? Specify whether injury occur Manner of injury	al causes (VIOLENCE) fil ie? (Specify city or red In INDUSTRY, in HO	I in also the followin Date of Injurytown, county and Sta ME, or in PUBLIC PI	g: , 19
19. UNDERTAKER Statement (Address) Frankow V 20. FILED. Afrik 27, 1935 Jeann	elle W va elle Statles Registrar.	24. Was disease or injury in If so, specify (Signed)	any way related to occupa		Fa. M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of ooset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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)	Every.	CIANS	tement
	λkD.	IYSI	sta
_	REC	Y. PI	Exact
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
BI	PER	E	rly (
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ED	HIS	pe	pe
ERV	K-T	hould	t may
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	_		93=0	
County Garrett			Registration Dist. No. 166	
Village or City Oakland, M	aryland	•	ND. St., death occurred in a hospital or institution, give its NAME instead of street and	
Landh of radidance in city on house the state				
			ds. How long in U.S. if of foreign birth?yrs	nosu
2. FULL NAME Margaret	Elizab	eth Tow	er Fraley	
(a) Residence: Np.	(Usual place of	aboda)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	G D1310
3. SEX 4. COLOR OR RACE 5.	. SINGLE, MARRI		21. DATE OF DEATH	
Female White	or Divorced (April, 4, 1935	, 193
5a. If married, widowed, or divorced			(Month) (Day)	(Year)
(or) WIFE of G.A. Fraley			22. I HEREBY CERTIFY, That I attended	
	70	1066	1-year 1934 to April, 4/3	
6. DATE OF BIRTH (month, day, end year) Dec		1866	5 - 00 mir	; death is sal
	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance	
69 3	5	ormin.	were as follows: Chronic Myocorditis	Date of onse
kind of work done, as SPINNER, HO SAWYER, BOOKKEEPER, etc.	usewife			
9. Industry or business in which				
work was done, as SILK MILL, SAW MILL, BANK, etc				
	11. Total time spant i	e (years) in this		
year)	_ occupa		Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Oakland (State or country) arrett Co		nd	Arterial sclerosis	
State of country) 211ett 55	•			
I	humah	Donn		
14. BIRTHPLACE (city or town) Greens (State or country)	burgh.	renn	Name of operation Date of_	
	ten		What test confirmed diagnosis? Was there an	
15. MAIDEN NAMERODOCCA Tot 16. BIRTHPLACE (city or town) Auroga			23. If death was due to external causes (VIDL ENCE) fill in also the following Accident, suicide, or homicide?	
2 16. BIRTHPLACE (city or town)	11 0 43% 0		Where did injury occur?	, 19
GA.Fralev			(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC P	
17. INFORMANT Oakland, Md	•		Specification in the object of the robe of	ende,
18. BURIAL, CREMATION, OR REMOVAL	A P	25	Manner of Injury	
Place Oakland, Md.	Date 4 - /-	35 ,19	Nature of Injury	
19. UNDERTAKER Emory Bolden			24. Was disease or injury in any way related to occupation of deceased?	
(Address) Oakland, Md.			If so, specify	
20, FILE 04 - 6- 19 35 Juli	a Rowan		(Signed)	M. M.
Loca	N	Registrar.	(Address) Walesus. Of	a

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ·	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING		1
RESERVED	BINDING	
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MARGIN R	ESERVED	
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH pluods County____ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ____ yrs. ____ mos. Length of residence in city or town where death-occurred. ement PHYSICIAN (a) Residence: Np. (Usual place of abode) If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR BACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DAVORCED (write the word) CTL (Month) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of EXA 1935 certificate. 6. DATE OF BIRTH (month, day, and year) fau properly 7. AGE Months If LESS than Years Days to have occurred on the date stated above, at _____ stated I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, jo SAWYER, BODKKEEPER, etc ... back may 9. Industry or business in which should work was done, as SILK MILL. SAW MILL, BANK, etc on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, ATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation (State or country) carefully What test confirmed diagnosis?_ ----- Was there an au'opsy?. important. 15. MAIDEN NAME / Yar MOTHE 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?_____ Date of injury______ 19____ DEATH 16. BIRTHPLACE (city or town) (State or country) pe Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury mation CAUSI Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	2 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	RURTHER	STATEMENTS	BY	PHYSICIAN

	-
BINDING	THIS IS A DEPMANENT
FOR	-
F	U
VED	THIC
RESERVED	INK
N	Z
ZIZ	ADI
MARGIN	TIME
	VITTE LINEADING
	port

1	PLACE OF		OF MAK	ILAND-	CERTIFICATE OF DEATH	de se
1		Garrett		3 - 1 - 5	46-0	66
			38.3		Registration Dist. No	.00
	Village or C	ity Oakland,	ma.		No. St death occurred in a hospital or institution, give its NAME instead of street	.,Ward
	Length of resid	dence in city or town when	e death occurred		ds. How long in U.S. if of foreign blrth?yrs	
2.	FULL NAI	ME William	n Fletche	r King		
	(a) Residen	ce: No. Libert;	y St.		St. Ward.	
-	(4) 110014011		(Usual place o	of abode)	If nonresident give city or tow	
		AL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	тн
3. S		4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED WICOW	(write the word)	21. DATE OF DEATH April, 7, 1935 (Month) (Day)	, 193. (Yaer)
	f married, widow				22 I HEREBY CERT! FY, That I atta	anded despessed from
M	ary Tou	irella King	3		March. HEREBY CERTIFY, That I atta	7, ₁₉ 35
5. D	ATE OF BIRTH (month, day, and year)	Sept, 12,	1858	I last saw h im alive on April 7, 19	35; death is said
7. A			Days	If LESS than	to have occurred on the date stated above, atm.	
	76	6	26	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
2	8. Trade, profes	sion, or particular ork done, es SPINNER, BOOKKEEPER, etc.	D		Carcinoma of Colon	Oate of onset
NOL			rainter		Prostatie Hypertrophy	
CUPA	work was	business in which done, as SILK MILL, L. BANK, etc				
200	10. Date decease	ed last worked at	11. Totel tir	ma (years)		
1	year)	pation (month and	span octul	pation		
12	BIRTHPLACE (cit		oreland C	0.	Other Contributory Causes of importanca: Arterial Sclerosis	
	(Stata or coun	ntry) Vi	rginia		Intestinal Toxima	2-Week
T.	13. NAMERET	r. Henry Ki	ing			
FAIH	14. BIRTHPLACE	(city or town) Vir	ginia		Name of operation Date	of
-	(State or				What test confirmed diegnosis? Was ther	e an autopsy?
OIHER	15. MAIDEN NA	ME Virginia	N. Dobyn	8	23. If death was due to external causes (VIOL ENCE) fill in also the fol	lowing:
Z C		(city or town) Wes	tmoreland	Co.	Accident, sulcide, or homicide? Date of Injury	, 19
	(State or				Where did injury occur?(Specify city or town, county as	nd State)
	(Address)	a, King Joh Dakland, Mo	nnson 1.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18.	Place Oa.	ion, or removal cland, Md.	Date 4-9-	1935,	Manner of injury	
19.	UNDERTAKER _ F	Cmory Bolde Oakland, 1	en Kd.	0	24. Was disaase or injuly in any way related to occupation of decease If so, specify/	d?
20.	FILED 4- 8	3- 19 35 Ju	ıli a Rowa	registrar.	(Signed) / Wrup / Munical Translation (Address) Al Day and Translation	M. D.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FILED

OF DEATH	Curron .
The way of the	115-00
	Registration Dist. No.
City City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
residence in city or town where death occurredyrsmos.	
win d b	Luma
AME IDUENCE VUI	
lence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
lowed, or divorced	22. I HEREBY CERTIFY. Thet I attended deceased from
	4-1- 1935 to 4-7- 1935
1-77-1831	I last saw ham alive on 4-7-1935; death is said
H (month, day, and year) Years Months Days If LESS than	to have occurred on the date stated above, at 7:13 2m.
11 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows Date of onset
ofession, or particular of work done, as SPINNER, ER, BDOKKEEPER, etc.	Imalle
or business in which was SILK MILL, MILL, BANK, etc	
eased last worked at 11. Total time (years) spent in this occupation occupation.	
King Jul =	Other Contributory Causes of importence:
(city or town)	
00 100	
rames Junes	
CE (city or town)	Name of operation Date of
or country)	What test confirmed diagnosis? Was there an autopsy?
NAME TISSELLE KASSILLE	23. If death was due to external causes (VIOLENCE) fill In also the following:
CE (city or town)	Accident, suicide, or homicide?
or country)	Where did injury occur?
russel Tens	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Lemon Va	
ATION, DR REMOVAL	Manner of injury
und Church Date 4 7 1930	Nature of injury
J. D. Dunker	24. Was disease or injury in any way related to occupation of deceased?
18, 1935 Elmer C Shaffer	(Signed) 1 2 M. D.
DIA Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	9 - 1
Gallstones	May 1,1923	Gastroenteritis	1 year

PIIYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforproperly classified. Exact statement of OCCUPA. stated EXACTLY. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLANLY,

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(10)
County Alaund	Registration Dist, No. 1 A
Village or City (colout	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Paris Effen Mari	antt
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and Sinte
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Record	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of	22. XHEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Day 17 193)	1935 to 11 1935 1 last sow hell alive on 011 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated poove, at 1100 Ca.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	potrar prummonia apr 18
Industry or business in which	
SAW MILL, BANK, etc	
12. BtRTHPLACE (city or town)	Other Cuutributary Causes of importance;
(State or country)	
13. NAME Stymer Margraff.	
13. NAME AMAIN MONGRAFI t4. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME GAZIEL E. ASMITE	What test confirmed diagnosis? Was there an aulopsy?
O 16. BIRTHPLACE (city or town)	23. Il death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. th FDRMANT X / 15 Magnast	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cecken Date of 18, 1936	Nature of injury
19. UNOERTAKER Wm Winterlegg	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Signal 18, 19 35 4 & Richter	(Signed) M. D.
Registrar.	(Address) A January The Co

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Gallstones	May 1,1928	Gastroenteritis	1 year

D	Every item of infor- MANS should state ement of OCCUPA-
BINDING	PERMANENT RECORD. I EXACTLY. PHYSIC Ily classified. Exact state ate.
MARGIN RESERVED FOR BINDING	ADING INK—THIS IS A ld. AGE should be stated, so that it may be proper ructions on back of certifice
MARG	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
-1	WRI mation CAUS

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Tarrette	Registration Dist. No. /63
Village or City Swanton	No
landbat without it is the first the	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME TELEGRAPHICS AND A STATE OF THE	ds. How long in U.S. if of foreign birth?
	awece
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
Temale while widowed	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	(1001)
(or) WIFE ollshard towell	Month 12 1975 to and 16 1 1920
6. DATE OF BIRTH (month, day end yeer) 7et 20 1873	I lest saw har elive on april 15 4 ,1935; death is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date steted ebove, et 10 32 Am.
62 / 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance weigness follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Thrombus 9-12-3;
Industry or business in which	
SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and March year) year) 11. Total time (years) spant in this 4 5 occupetion	
12. BIRTHPLACE (city or town). Faiwiew	Other Coatributory Canoes of importance:
(State or country) Maryland	Mepholis: chronic. Duration of long, 4-12-25
13. NAME Otha Harmon	Standing & Burth To
13. NAME Otha Harmon 14. BIRTHPLACE (city or town) Funces	Neme of operation Nove Date of
(Stete or country) Myyland	What test confirmed diagnosis? Phys. Learn Was there an autopsy?
15. MAIDEN NAME Marie Merill 16. BIRTHPLACE (city or town) alwialton	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
(State or gountry)	Accident, suicide, or homicide? Dete of injury, 19
N.C. A. B. A. C. A.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Places Lumina, tot Detelapril 8, 1935	Neture of injury
19. UNDERTAKER JAS BOTA	24. Wes disease or injury in any way related to occupetion of deceased?
(Address) Button Md	If so, specify
20. FILED Clar. 18 1925 Jovies Patterson	(Signed) M.D.
Registrar.	(Address) Blaine, m. 15.
If more blanks are needed, address State Registrar, 2.	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. state

1. PLACE OF DEATH County Derect No. Village or City Velepheller Length of residence in city or town where death occurred of yrs. Mo. (If death occurred in a hospital or institution, give its NAME instead of street and number) yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. d. 2. FULL NAME (a) Residence: No. (Usual place of abode) St., Ward. If nonresident give city or town and State
Village or City Teles No. Length of residence in city or town where death occurred yers. Length of residence in city or town where death occurred yers. Mo. (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. d. 2. FULL NAME Aucles (a) Residence: No. (Usual place of abode) St., Ward. If nonresident give city or town and State
Length of residence in city or town where death occurred of street and number) Length of residence in city or town where death occurred of street and number) Mos. ds. How long in U.S. if of foreign birth? The property of town and State (a) Residence: No. Difficult of abode) St., Ward. If nonresident give city or town and State
Length of residence in city or town where death occurred of the state
(a) Residence: No. Tilgmilled That, St., Ward. (Usual place of abode) St., Ward. If nonresident give city or town and State
(a) Residence: No. Tilgmilled That, St., Ward. (Usual place of abode) St., Ward. If nonresident give city or town and State
(Usual place of abode) If nonresident give city or town and State
DEDCOMAL AND CENTRAL PARTICULARS AND MEDICAL CENTRAL PROPERTY.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
Female White OR DWORCED (write the word) (Month) (Day) (Year)
5a. It married, widowed, or divorced
HUSBANO of (or) WIFE of 22. HEREBY CERTIFY. That I attended deceased tro 1 19.35, to april 14 19.35.
6. DATE OF BIRTH (month, day, and year) (1) 8 /935 last saw h. C.Y. alive on Well 19 1935; death is sa
7. AGE Years Months Oays It LESS than to have occurred on the date stated above, at 78. m.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular
SAWYER, BDDKKEEPER, etc. Sawyer or business in which work was done as SILK MILL. Bilateral Joban Prenumma April
SAW MILL BANK etc
10. Date deceased last worked at this occupation (month and spent in this
year) occupation Other Contributory Canada ot importance:
12. BIRTHPLACE (city or town) Klynelly
(State or country) & Maryland
II 13. NAME / EU / NAIL
13. NAME etc Catt 14. BIRTHPLACE (city or town)
What test confirmed diagnosis? Was there an autopsy?
15. MAJEA NAME (16. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?
O 16, BIRTHPLACE (city or town). Date of injury
(State or country) Where did injury occur? (Specify city or town, county and State)
17. INFORMANT VO. / Lelle Fraft Specify whether injury occurred in INOUSTRY, in HDME, or In PUBLIC PLACE. (Address) Jetamellos, The Specify whether injury occurred in INOUSTRY, in HDME, or In PUBLIC PLACE.
18 BURIAL, CREMATION OR BENOVAL
Place to Garden W, G. Date Upv, 19.35 Nature of injury.
19. UNDERTAKER Othe 7. Sharkless 24. Was disease or injury In any way related to occupation of deceased?
(Address) Blaine, W, 09 If so, specity D. 11.
20. FILED 4/65, 1935 Golf Bassiel (Signed) Walth Cal andrella M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

AD. Every item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH	1.6
1. PLACE OF DEATH	(17)	
County Sarrett	Registration Dist. No. 161	
Village or City Aneuskvills	NoSt.,	Ward
(If Length of residence in city or town where death occurred 2.3yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and numb. ds. How long in U.S. If of foreign birth? yrs. mos	
1. 1101	3. To a long in 0.0.11 of lotting that it is a second of the long in 0.0.11 of lotting that is a second of the lotting in 0.0.11 of lotting that is a second of the lotting in 0.0.11 of lotting that is a second of the lotting in 0.0.11 of lotting that is a second of the lotting in 0.0.11 of lotting that is a second of the lotting in 0.0.11 of lotting that is a second of the lottin	ua.
ZI TOLL NAME		
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOB OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2131 , 193	ح ک
5a, If married, widowed or divorced	(Month) (Day)	(Year)
HUSBAND of Or WIFE of STOTE TELESCOPE	22. I HEREBY CERTIFY, That I attended decest March 1st 1935 to afeni 2/8t	sed from
may 11. 1900	chile links	1933
6. DATE OF BIRTH (month, day, and year) ./// 10 - /889 7. AGE 165 Years Months Days / If LESS than	to have occurred on the date stated above, at	nth Is sald
// 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade profession or particular		to of onset
kind of work done, as SPINNER, Cashier & Cley		1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation /6 years)		
	Dther Contributery Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		938
13. NAME Clark Rush	cephalstis lethargicals +2 . Helping Sicker !	
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) Sameth' (0/14	What test confirmed diagnosis? Was there an autop:	syz
15. MAIDEN NAME / Hary Humberston	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dale of injury	19
(State or country) Harry 16	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT TYP TYP Luster Mile (Address) Fremelsville Mile	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place / 2 Cooming Dete / 167, 10, 1935	Nature of Injury	
19. UNDERTAKER To The Marcin Ly	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Free do fille Ma	If so, specify	
20, FILED In h . 2, 19 . Lammelle Statler	(Signed) The desired	M. D.
Registrar.	(Address) free devile 779	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	all the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

ADDITIONAL S	PACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

AD. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

	4		
- 1	17.5	14	K
	do	T	4

1. PLACE OF					97	
County	Garre	ett			Registration Dist. No. 16	56
Village or C	ity Mt.	Lake town where	Park Ma.	ryland. (If	No. St., f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs.	Ward d number)
2. FULL NAI	MF Hes	ster A	nn Conn	eway Sha	rtzer	
(a) Residen			(Usual place		St., Ward. If nonresident give city or town a	nd State
PERSON	AL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. color of			RIED, WIOOWED, O (write the word)	21. DATE OF DEATH April, 6, 1935	, 193 (Year)
5e. If married, widow HUSBANO of (or) WIFE of G		Shart	zer		22. I HEREBY CERTIFY, That I ettende January, 19 35 to April, 6,	1935
6. DATE OF BIRTH	inonth, day, and	d year) Jl	ly, 18,	1854	I last saw ter elive on March 3, 19 3	5; death Is seld
7. AGE Yea	rs	Months	Days	If LESS than	to have occurred on the date stated above, at 2:30 Pm. M.	
80		8	18_	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	Date of onset
9. Industry or work wes SAW MIL 10. Date decease this occupyear)	business In whis done, as SILK LL, BANK, etc ed last worked pation (month e	at at iends	spar occu	me (years) nt In this petion	Other Contributory Casses of Importance:	
3. NAME MO	rgan C	onnew	la.y			
13. NAME MO		Garr	ett Cou	nty	Name of operation Oate of What test confirmed diagnosis? Was there a	
15. MAIDEN NA	Me Mar	y Shi	rey		23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAI 16. BIRTHPLACE (State or		Garr	ett Co.		Accident, suicide, or homicide? Date of Injury Where did injury occur?(Specify city or town, county and S	
17. INFORMANT A (Address)	lberta Mt. La	ke Pa	rk Md.		Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC	
18. BURIAL, CREMAT	kland,	Md.	Deto4-8	B - , ₁₉ 35	Manner of injury	
19. UNDERTAKER E. (Address) O	mory B akland	olden, Md.			24. Was disease or injury In any way related to occupetion of deceased?	/-,-
20. FILED 4-7-	1935	Jul	ia Rowar	1 Registrar.	(Signed Address Delegal A	200.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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1. PLACE OF DEATH County San Elli	63)
	Registration Dist. No./
Village or City (3 Looming (M)	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	# mos. 1 6 ds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME / elma Man	e Heisner
(a) Residence: No. Blanning In	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL OR DIVORCED (while the	
Serval Mark Draft	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1/HEREBY CERT VE/Y, That, I attended deceased from
	March 8, 1935 to your 23, 19 22
5. DATE OF BIRTH (month, day, end year)	3 4 I last saw h L. alive on
1 day	SS than to have occurred on the date stated above, at
4 76 or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rick +
Industry or business in which	Daniel Bulling
work was done, as SILK MILL, SAW MILL, BANK, etc.	Jones Maria
10. Date deceased last worked et this occupation (month end spent in this	- malnulation
year) occupation	Other Contributory Causes of importance:
(State or country)	Carculations tailure 4.22
I Repair	
Ton parent	
(State or country)	Name of operation Date of
15. MAIDEN NAME 20	What test confirmed diagnosis? Was there an autopsyl
15. MAIDEN NAME Malelene Mahie 16. BIRTHPLACE (city or town) Bergyl	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Marcheline Why	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bloomington mg	The state of the s
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Pleca Committee A Date Land 23	Nature of injury
9. UNDERTAKER D. Grales	24. Was disease or injury in any wey related to occupetion of deceased?
(Address) factor pld.	If so, specify
O. FILED Gyr. 23 , 1935 Dory Pattins	(Signed) (Why and Illus) M. E.
Y Re	gistrar. (Address) flactions

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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(Address)

	14
STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	SERVINIONIE OF BEATH
County Garrett	(82-6)
	Registration Dist, No.
Village or City Mt. Lake Park, Md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4 Jyrsmos	
2. FULL NAME Yalkhet Newlin W	ilson
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I altended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) asril 2 19.36	I last saw h Access alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3
85 / 12/ 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, January SAWYER, BDDNKEEPER, etc.	Gen browner & MG .
9 Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc	7
10. Date deceased last worked at this occupation month and 3/ spent in this year)	
12. BIRTHPLACE (city or town) Gazman, Md.	Dther Contributary Causes of Importance:
(State or country) Sarrett &.	
13. NAME VILLAM Wilson	
14. BIRTHPLACE (city or town) I refaced	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / ary Wilson	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
a menowa	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lake Lake Wale Mod.	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placedure Kemetery Date aferil SJ, 1935	Nature of injury
Nontate Final	24 Was disease as injury in any way soleted to convention of decree 12

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state of infor-OCCUPA 1. PLACE OF DEAT plnods County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS Length of rasidence in city or town where death of How long in U.S. if of foraign birth? statement 2. FULL NAME SKD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. **SEX** 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mara (Month) assified 5a. If married, widowed, or divorcad HUSBAND of CERTIFY. That I attanded deceased from (or) WIFE of T 6. DATE OF BIRTH (month, day, end year) mar certificate. 7. AGE proper Months Days If LESS than to have occurred on the date stated above, et. stated A.m. 1 day,.. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or min. were as follows: Data of onset 8. Trade, profassion, or particular TION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc may back BA Mindustry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc On 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) _____ occupation . instructions Other Coutributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) be carefully What test confirmed diagnosis? Was there an autopsy? __ OTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?_____ DEATH 16. BIRTHPLACE (city or town) (Stata or country) Whare did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. hould very 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury SE mation LION Nature of injury 24. Was disaase or injury In any way ralated to occupation of decaased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year